

First, we would like to ask a few questions about you and the time before you got pregnant with your new baby. Please check the box next to your answer.

1. *Just before you got pregnant, did you have health insurance?* Do not count Medicaid.

- ☐ No
☐ Yes

2. *Just before you got pregnant, were you on Medicaid?*

- ☐ No
☐ Yes

3. During the *month* before you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin? These are pills that contain many different vitamins and minerals.

- ☐ I didn't take a multivitamin or a prenatal vitamin at all
☐ 1 to 3 times a week
☐ 4 to 6 times a week
☐ Every day of the week

4. What is *your* date of birth?

19
Month Day Year

5. *Just before you got pregnant with your new baby, how much did you weigh?*

Pounds OR Kilos

6. How tall are you without shoes?

Feet Inches

OR Centimeters

7. *Before you got pregnant with your new baby, did you ever have any other babies who were born alive?*

- ☐ No  **Go to Question 10**
☐ Yes

8. Did the baby born *just before* your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?

- ☐ No
☐ Yes

9. Was the baby *just before* your new one born *more* than 3 weeks before its due date?

- ☐ No
☐ Yes

The next questions are about the time when you got pregnant with your *new* baby.

10. Thinking back to *just before* you got pregnant with your *new* baby, how did you feel about becoming pregnant?

Check one answer

- ☐ I wanted to be pregnant sooner
☐ I wanted to be pregnant later
☐ I wanted to be pregnant then
☐ I didn't want to be pregnant then or at any time in the future

11. When you got pregnant with your new baby, were you trying to get pregnant?

☐ No

☐ Yes —————→ **Go to Question 14**

12. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

☐ No

☐ Yes —————→ **Go to Question 14**

13. What were your or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

Check all that apply

☐ I didn't mind if I got pregnant

☐ I thought I could not get pregnant at that time

☐ I had side effects from the birth control method I was using

☐ I had problems getting birth control when I needed it

☐ I thought my husband or partner or I was sterile (could not get pregnant at all)

☐ My husband or partner didn't want to use anything

☐ Other —————→ Please tell us:

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

14. How many weeks or months pregnant were you when you were *sure* you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

Weeks **OR** Months

☐ I don't remember

15. How many weeks or months pregnant were you when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

Weeks **OR** Months

☐ I didn't go for prenatal care

16. Did you get prenatal care as early in your pregnancy as you wanted?

☐ No

☐ Yes

☐ I didn't want prenatal care —————→

Go to Question 18

17. Here is a list of problems some women can have getting prenatal care. For each item, circle Y (Yes) if it was a problem for you during your most recent pregnancy or circle N (No) if it was not a problem or did not apply to you.

- | | No | Yes |
|--|----|-----|
| a. I couldn't get an appointment when I wanted one | N | Y |
| b. I didn't have enough money or insurance to pay for my visits | N | Y |
| c. I had no way to get to the clinic or doctor's office | N | Y |
| d. I couldn't take time off from work. | N | Y |
| e. The doctor or my health plan would not start care as early as I wanted. | N | Y |
| f. I didn't have my Medicaid card | N | Y |
| g. I had no one to take care of my children | N | Y |
| h. I had too many other things going on. | N | Y |
| i. I didn't want anyone to know I was pregnant | N | Y |
| j. Other | N | Y |
- Please tell us:

If you did not go for prenatal care, go to Page 4, Question 21.

18. Where did you go *most of the time* for your prenatal visits? Do not include visits for WIC.

Check one answer

- ☐ Hospital clinic
☐ Health department clinic
☐ Private doctor's office or HMO clinic
☐ Nurse midwife's office
☐ Non-nurse midwife's office or home
☐ Other —————> Please tell us:

19. How was your prenatal care paid for?

Check all that apply

- ☐ Medicaid
☐ Personal income (cash, check, or credit card)
☐ Health insurance or HMO (including insurance from your work or your husband's work)
☐ TRICARE (formerly CHAMPUS) or military
☐ ARKids First
☐ Other —————> Please tell us:

20. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.

	No	Yes
a. How smoking during pregnancy could affect my baby	N	Y
b. Breastfeeding my baby	N	Y
c. How drinking alcohol during pregnancy could affect my baby	N	Y
d. Using a seat belt during my pregnancy	N	Y
e. Birth control methods to use after my pregnancy	N	Y
f. Medicines that are safe to take during my pregnancy	N	Y
g. How using illegal drugs could affect my baby	N	Y
h. Doing tests to screen for birth defects or diseases that run in my family	N	Y
i. What to do if my labor starts early	N	Y
j. Getting tested for HIV (the virus that causes AIDS).	N	Y
k. Physical abuse to women by their husbands or partners	N	Y

21. At any time during your most recent pregnancy, did you get tested for the bacteria Group B Strep (Beta Strep)?

- ☐ No
☐ Yes
☐ I don't know

22. At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?

- ☐ No
☐ Yes —————→
☐ I don't know

Go to Question 26

23. Were you offered an HIV test during your most recent pregnancy or delivery?

- ☐ No —————→
☐ Yes

Go to Question 26

24. Did you turn down the HIV test?

- ☐ No —————→
☐ Yes

Go to Question 26

25. Why did you turn down the HIV test?

Check all that apply

- ☐ I did not think I was at risk for HIV
☐ I did not want people to think I was at risk for HIV
☐ I was afraid of getting the result
☐ I was tested before this pregnancy, and did not think I needed to be tested again
☐ Other —————→ Please tell us:

26. During the last 3 months of your most recent pregnancy, how many times a week did you take a multivitamin or a prenatal vitamin? These are pills that contain many different vitamins and minerals.

- ☐ I did not take a multivitamin or a prenatal vitamin at all
☐ 1 to 3 times a week
☐ 4 to 6 times a week
☐ Every day of the week

27. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?

- ☐ No —————> **Go to Question 29**
☐ Yes

28. Have you ever heard about folic acid from any of the following?

Check all that apply

- ☐ Magazine or newspaper article
☐ Radio or television
☐ Doctor, nurse, or other health care worker
☐ Book
☐ Family or friends
☐ Other —————> Please tell us:

The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.

29. During your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

- ☐ No —————> **Go to Question 31**
☐ Yes

30. When you went for WIC visits during your most recent pregnancy, did you receive information on breastfeeding?

- ☐ No
☐ Yes

31. Did you have any of these problems during your most recent pregnancy? For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not.

	No	Yes
a. High blood sugar (diabetes) that started <i>before</i> this pregnancy	N	Y
b. High blood sugar (diabetes) that started <i>during</i> this pregnancy. . . .	N	Y
c. Vaginal bleeding	N	Y
d. Kidney or bladder (urinary tract) infection	N	Y
e. Severe nausea, vomiting, or dehydration	N	Y
f. Cervix had to be sewn shut (incompetent cervix)	N	Y
g. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia	N	Y
h. Problems with the placenta (such as abruptio placentae or placenta previa)	N	Y
i. Labor pains more than 3 weeks before my baby was due (preterm or early labor)	N	Y
j. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM])	N	Y
k. I had to have a blood transfusion	N	Y
l. I was hurt in a car accident.	N	Y

If you did not have any of these problems, go to Page 6, Question 33.

32. Did you do any of the following things because of these problems? For each item, circle **Y** (Yes) if you did that thing or circle **N** (No) if you did not.

- | | No | Yes |
|---|----|-----|
| a. I went to the hospital or emergency room and stayed less than 1 day | N | Y |
| b. I went to the hospital and stayed 1 to 7 days | N | Y |
| c. I went to the hospital and stayed more than 7 days | N | Y |
| d. I stayed in bed at home more than 2 days because of my doctor's or nurse's advice. | N | Y |

The next questions are about smoking cigarettes and drinking alcohol.

33. Have you smoked at least 100 cigarettes in the *past 2 years*? (A pack has 20 cigarettes.)

- ☐ No —————→ Go to Question 37
- ☐ Yes

34. In the *3 months before* you got pregnant, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- ☐ 41 cigarettes or more
- ☐ 21 to 40 cigarettes
- ☐ 11 to 20 cigarettes
- ☐ 6 to 10 cigarettes
- ☐ 1 to 5 cigarettes
- ☐ Less than 1 cigarette
- ☐ None (0 cigarettes)

35. In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- ☐ 41 cigarettes or more
- ☐ 21 to 40 cigarettes
- ☐ 11 to 20 cigarettes
- ☐ 6 to 10 cigarettes
- ☐ 1 to 5 cigarettes
- ☐ Less than 1 cigarette
- ☐ None (0 cigarettes)

36. How many cigarettes do you smoke on an average day *now*? (A pack has 20 cigarettes.)

- ☐ 41 cigarettes or more
- ☐ 21 to 40 cigarettes
- ☐ 11 to 20 cigarettes
- ☐ 6 to 10 cigarettes
- ☐ 1 to 5 cigarettes
- ☐ Less than 1 cigarette
- ☐ None (0 cigarettes)

37. Have you had any alcoholic drinks in the *past 2 years*? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)

- ☐ No —————→ Go to Question 40
- ☐ Yes

38a. During the *3 months before* you got pregnant, how many alcoholic drinks did you have in an average week?

- ☐ 14 drinks or more a week
- ☐ 7 to 13 drinks a week
- ☐ 4 to 6 drinks a week
- ☐ 1 to 3 drinks a week
- ☐ Less than 1 drink a week
- ☐ I didn't drink then

38b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

- ☐ 6 or more times
- ☐ 4 to 5 times
- ☐ 2 to 3 times
- ☐ 1 time
- ☐ I didn't have 5 drinks or more in 1 sitting
- ☐ I didn't drink then

39a. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?

- ☐ 14 drinks or more a week
- ☐ 7 to 13 drinks a week
- ☐ 4 to 6 drinks a week
- ☐ 1 to 3 drinks a week
- ☐ Less than 1 drink a week
- ☐ I didn't drink then

39b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

- ☐ 6 or more times
- ☐ 4 to 5 times
- ☐ 2 to 3 times
- ☐ 1 time
- ☐ I didn't have 5 drinks or more in 1 sitting
- ☐ I didn't drink then

Pregnancy can be a difficult time for some women. The next question is about things that may have happened before and during your most recent pregnancy.

40. This question is about things that may have happened during the 12 months before your new baby was born. For each item, circle Y (Yes) if it happened to you or circle N (No) if it did not. (It may help to use the calendar.)

	No	Yes
a. A close family member was very sick and had to go into the hospital	N	Y
b. I got separated or divorced from my husband or partner	N	Y
c. I moved to a new address.	N	Y
d. I was homeless	N	Y
e. My husband or partner lost his job.	N	Y
f. I lost my job even though I wanted to go on working	N	Y
g. I argued with my husband or partner more than usual.	N	Y
h. My husband or partner said he didn't want me to be pregnant	N	Y
i. I had a lot of bills I couldn't pay	N	Y
j. I was in a physical fight	N	Y
k. My husband or partner or I went to jail.	N	Y
l. Someone very close to me had a bad problem with drinking or drugs.	N	Y
m. Someone very close to me died	N	Y

The next questions are about the time during the *12 months before* you got pregnant with your new baby.

41a. During the *12 months before* you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- ☐ No
☐ Yes

41b. During the *12 months before* you got pregnant, were you physically hurt in any way by your husband or partner?

- ☐ No
☐ Yes

42. During the *12 months before* you got pregnant, did anyone else physically hurt you in any way?

- ☐ No
☐ Yes

The next questions are about the time during your most recent pregnancy.

43a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- ☐ No
☐ Yes

43b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?

- ☐ No
☐ Yes

44. During your most recent pregnancy, did anyone else physically hurt you in any way?

- ☐ No
☐ Yes

The next questions are about your labor and delivery. (It may help to look at the calendar when you answer these questions.)

45. When was your baby due?

Month Day Year

46. When did you go into the hospital to have your baby?

Month Day Year

☐ I didn't have my baby in a hospital

47. When was your baby born?

Month Day Year

48. When were you discharged from the hospital after your baby was born? (It may help to use the calendar.)

Month Day Year

☐ I didn't have my baby in a hospital

49. How was your delivery paid for?

Check all that apply

- ☐ Medicaid
- ☐ Personal income (cash, check, or credit card)
- ☐ Health insurance or HMO (including insurance from your work or your husband's work)
- ☐ TRICARE (formerly CHAMPUS) or military
- ☐ ARKids First
- ☐ Other —————→ Please tell us:

The next questions are about the time since your new baby was born.

50. After your baby was born, was he or she put in an intensive care unit?

- ☐ No
- ☐ Yes
- ☐ I don't know

51. After your baby was born, how long did he or she stay in the hospital?

- ☐ Less than 24 hours (less than 1 day)
- ☐ 24 to 48 hours (1 to 2 days)
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days or more
- ☐ My baby was not born in a hospital
- ☐ My baby is still in the hospital —————→

Go to Question 54

52. Is your baby alive now?

- ☐ No —————→ Go to Page 11, Question 66
- ☐ Yes

53. Is your baby living with you now?

- ☐ No —————→ Go to Page 11, Question 66
- ☐ Yes

54. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

- ☐ No —————→ Go to Page 10, Question 59
- ☐ Yes

55. Are you still breastfeeding or feeding pumped milk to your new baby?

- ☐ No
- ☐ Yes —————→ Go to Page 10, Question 58

56. How many weeks or months did you breastfeed or pump milk to feed your baby?

_____ Weeks OR _____ Months

- ☐ Less than 1 week

57. What were your reasons for stopping breastfeeding?

Check all that apply

- ☐ My baby had difficulty nursing
- ☐ Breast milk alone did not satisfy my baby
- ☐ I thought my baby was not gaining enough weight
- ☐ My baby got sick and could not breastfeed
- ☐ My nipples were sore, cracked, or bleeding
- ☐ I thought I was not producing enough milk
- ☐ I had too many other household duties
- ☐ I felt it was the right time to stop breastfeeding
- ☐ I got sick and could not breastfeed
- ☐ I went back to work or school
- ☐ I wanted or needed someone else to feed the baby
- ☐ My baby was jaundiced (yellowing of the skin or whites of the eyes)
- ☐ Other —————→ Please tell us:

58. How old was your baby the first time you fed him or her anything besides breast milk? Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.

_____ Weeks **OR** _____ Months

- ☐ My baby was less than 1 week old
- ☐ I have not fed my baby anything besides breast milk

If your baby is still in the hospital, go to Question 66.

59. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

_____ Hours

- ☐ Less than 1 hour a day
- ☐ My baby is never in the same room with someone who is smoking

60. How do you *most often* lay your baby down to sleep now?

Check one answer

- ☐ On his or her side
- ☐ On his or her back
- ☐ On his or her stomach

61. Was your new baby seen by a doctor, nurse, or other health care worker during the first week after he or she left the hospital?

- ☐ No
- ☐ Yes

62. Has your new baby had a well-baby checkup? (A well-baby checkup is a regular health visit for your baby usually at 2, 4, or 6 months of age.)

- ☐ No —————→ **Go to Question 64**
- ☐ Yes

63. Where do you usually take your new baby for well-baby checkups?

Check one answer

- ☐ Hospital clinic
- ☐ Health department clinic
- ☐ Private doctor's office or HMO clinic
- ☐ Other —————> Please tell us:

64. How many times has your new baby gone for care when he or she was sick?

Times

- ☐ None —————> **Go to Question 66**
- ☐ My baby has not been sick —————> **Go to Question 66**

65. Where have you taken your new baby when he or she was sick and needed care?

Check all that apply

- ☐ Hospital clinic
- ☐ Health department clinic
- ☐ Hospital emergency room
- ☐ Private doctor's office or HMO clinic
- ☐ Other —————> Please tell us:

66. Are you or your husband or partner doing anything *now* to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

☐ No

☐ Yes —————> **Go to Page 12, Question 68**

67. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant now?

Check all that apply

- ☐ I am not having sex
- ☐ I want to get pregnant
- ☐ I don't want to use birth control
- ☐ My husband or partner doesn't want to use anything
- ☐ I don't think I can get pregnant (sterile)
- ☐ I can't pay for birth control
- ☐ I am pregnant now
- ☐ Other —————> Please tell us:

If you are not doing anything to keep from getting pregnant *now*, go to Page 12, Question 69.

68. What kind of birth control are you or your husband or partner using *now* to keep from getting pregnant?

Check all that apply

- ☐ Tubes tied or closed (female sterilization)
- ☐ Vasectomy (male sterilization)
- ☐ Pill
- ☐ Condoms
- ☐ Shot once a month (Lunelle®)
- ☐ Shot once every 3 months (Depo-Provera®)
- ☐ Contraceptive patch (OrthoEvra®)
- ☐ Diaphragm, cervical cap, or sponge
- ☐ Cervical ring (NuvaRing® or others)
- ☐ IUD (including Mirena®)
- ☐ Rhythm method or natural family planning
- ☐ Withdrawal (pulling out)
- ☐ Not having sex (abstinence)
- ☐ Other —————→ Please tell us:

69. Since your new baby was born, have you had a postpartum checkup for yourself?
(A postpartum checkup is the regular checkup a woman has after she gives birth.)

- ☐ No
- ☐ Yes

The next few questions are about the time during the *12 months before* your new baby was born.

70. During the 12 months before your new baby was born, what were the sources of your household's income?

Check all that apply

- ☐ Paycheck or money from a job
- ☐ Money from family or friends
- ☐ Money from a business, fees, dividends, or rental income
- ☐ Aid such as Temporary Assistance for Needy Families (TANF), welfare, WIC, public assistance, general assistance, food stamps, or Supplemental Security Income (SSI)
- ☐ Unemployment benefits
- ☐ Child support or alimony
- ☐ Social security, workers' compensation, disability, veteran benefits, or pensions
- ☐ Other —————→ Please tell us:

71. During the 12 months before your new baby was born, what was your total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have used. (All information will be kept private and will not affect any services you are now getting.)

Check one answer

- ☐ Less than \$10,000
☐ \$10,000 to \$14,999
☐ \$15,000 to \$19,999
☐ \$20,000 to \$24,999
☐ \$25,000 to \$34,999
☐ \$35,000 to \$49,999
☐ \$50,000 or more

72. During the 12 months before your new baby was born, how many people, including yourself, depended on this income?

People

The next questions are on a variety of topics.

73. Which of the following statements best describes you during the 3 months before you got pregnant?

Check one answer

- ☐ I was trying to get pregnant
☐ I wasn't trying to get pregnant or trying to keep from getting pregnant
☐ I was trying to keep from getting pregnant but was not trying very hard
☐ I was trying hard to keep from getting pregnant

74. This question is about things that may have happened during your most recent pregnancy. For each thing, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not.

During your most recent pregnancy—

No Yes

- a. Your husband or partner threatened you or made you feel unsafe in some way N Y
 b. You were frightened for the safety of yourself or your family because of the anger or threats of your husband or partner N Y
 c. Your husband or partner tried to control your daily activities, for example, controlling who you could talk to or where you could go. N Y
 d. Your husband or partner forced you to take part in any sexual activity when you did not want to (including touch that made you uncomfortable). N Y

75. This question is about the care of your teeth during your most recent pregnancy. For each item, circle **Y** (Yes) if it is true or circle **N** (No) if it is not true.

No Yes

- a. I needed to see a dentist for a problem N Y
 b. I went to a dentist or dental clinic. N Y
 c. A dental or other health care worker talked with me about how to care for my teeth and gums. N Y

76. Have you *ever* had your teeth cleaned by a dentist or dental hygienist?

- ☐ No
- ☐ Yes

Go to Question 78

77. When did you have your teeth cleaned by a dentist or dental hygienist? For each of the three time periods, circle Y (Yes) if you had your teeth cleaned then or circle N (No) if you did not have your teeth cleaned then.

	No	Yes
a. Before my most recent pregnancy	N	Y
b. During my most recent pregnancy	N	Y
c. After my most recent pregnancy	N	Y

78. Which of the following statements best describes the rules about smoking *inside* your home now?

Check one answer

- ☐ No one is allowed to smoke anywhere inside my home
- ☐ Smoking is allowed in some rooms or at some times
- ☐ Smoking is permitted anywhere inside my home

79. What is today's date?

Month

Day

Year

**Please use this space for any additional comments you would like to make
about the health of mothers and babies in Arkansas.**

Thanks for answering our questions!

***Your answers will help us work to make Arkansas
mothers and babies healthier.***